

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN251AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>KINGS ROW RESIDENCE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1254 ST ALBERTS DR RENO, NV 89503</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p><b>Initial Comments</b></p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/15/11 and a complaint investigation conducted between 11/9/10 and 3/15/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, with three Category I residents and seven Category II residents. The census at the time of the survey was seven.</p> <p>The facility received a grade of A.</p> <p>Complaint #NV00026857 was unsubstantiated. The allegation that there were no qualified caregivers in the facility was unsubstantiated through document review and interviews with staff.</p> <p>#NV00026857: the complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 11/9/10.</p> <p>The investigation for the allegation the facility employed unqualified caregivers included:</p> <ul style="list-style-type: none"> <li>- Interviews were conducted with the new administrator and new caregivers who explained there had been recent staff turnover, however,</li> </ul>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1  the new hire process had been initiated to obtain required credentials, testing and training for all staff.  - A follow up visit on 3/15/11 was conducted with record review which demonstrated that all required documentation and training had been obtained for the caregivers employed by the facility.	Y 000			

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